

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077174

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** THE HEALTH CENTER OF HUDSON, INC.

**Current Principal Place of Business:**

7210 BEACON WOODS DR  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5487  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3664427      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STRAWN, STEVE  
Address: 910 SPRING PARK STREET  
City-St-Zip: CELEBRATION, FL 34747

Title: PTD  
Name: CROSS, DAVID  
Address: 7210 BEACON WOODS DR.  
City-St-Zip: HUDSON, FL 34667

Title: S  
Name: AYERS, JACQUELYN  
Address: P.O. BOX 11037  
City-St-Zip: MURFREESBORO, TN 37129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID CROSS

PRES

01/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date